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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL     DONNA EDWARDS FOR CONGRESS			]	
ADDRESS (number and street) P.O. Box 441153			-	
CITY, STATE, and ZIP CODE			-	
FORT WASHINGTON	MD 207	49		
2. NAME OF CANDIDATE	E OF CANDIDATE 3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATIO	N NUMBER
Donna Edwards	House MD 04		C00422964	
5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE			day, year) 06/19/2014	2000.00
25 MASSACHUSETTS AVENUE NW			00/13/2014	2000.00
SUITE 600	Transaction ID : F6.64708			
WASHINGTON DC 20001	Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE			day, year) 06/19/2014	2500.00
1101 KING STREET			00,10,2011	2000.00
SUITE 600	Transaction ID : F6.64709			
ALEXANDRIA VA 22314	Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
	Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer  Occupation		Date (month, day, year)	Amount
			_	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
	Occupation		_	
SIGNATURE (optional) Janice Edwards	[Electronically Filed]		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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